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PETI	TION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optiona	al) 15270J-004741US				
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Applic	eation Number 09/723,713	Filed November 27, 2000					
For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE							
Art Ur	nit 1632	Examiner Anne Marie Sabrina Wehbe					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
		<u>Fee</u>	Small Entity Fee				
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$			
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ <u>450</u>			
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$			
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$			
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$			
 A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number							
		02/07/2005 KBE	TEMA1 00000004 201430	09723713			
l an	applicant/inventor.	02 FC:1252	450.00 DA				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 42,397							
	attorney or agent under 37 CFR Registration number if acting und		<u> </u>				
Josemane Lella			February 1, 2005				
Signature			Date				
	Rosemarie L. Celli, Reg. No. 42,397 Typed or printed name		650-326-2400 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than							
	Signatures of all the inventors or assignees of record of the entire inature is required, see below.	e interest or their represe	entative(s) are required. Subm	nit multiple forms if more than			
	Total of forms are sub	omitted.					